

passing along was finally arrested by colic, when the symptoms of obstruction developed. The theory advanced by König, that small concretions might cause obstruction by invagination of the mucous membrane, and this being pushed forward by the stone, was not borne out by this case.

The diagnosis in these cases will always be obscure. It is rarely certain what the cause of the obstruction really is. Failure of expectant treatment, however, indicates operation. Of four cases of this kind operated upon by Körte, three have recovered.

SWEATING FEET AND FLAT FEET.

V. LESSER claims (*Deutsche med. Wochenschrift*, 1893, No. 44, p. 1070) that the condition of flat-foot depends upon the previous existence of the so-called sweating feet. In the spontaneous variety of the latter, beginning varicose changes of the cutaneous veins are always visible, although in many cases insignificant. This condition is most frequently observed at the age of puberty, but may also occur in childhood; it is sometimes inherited. On this condition depends the occurrence of flat-foot. It is most frequently seen in males, and when occurring in females usually develops at an earlier period. The nature of the occupation, as, for example, long-continued standing and the carrying of heavy loads, helps to develop this condition. Males tend to resist longer these influences than do females. In the so-called spontaneous flat-foot there is atrophy of the muscles of the leg and sole of the foot, and at the same time varicose changes in the muscle veins in greater or less degree. In the female sex the abnormal sweat-production usually ceases earlier than in the male, because in the former the development of varices under the influence of pregnancy is much more rapid, and brings about at an earlier period atrophic conditions of the skin. According to age, sex, and occupation, therefore, sweating feet or flat-feet occur either separately or together, the former being the earlier complaint of the two. The more marked development of the varices, besides the atrophy of the skin and the resulting consequences, as a solution of the epithelium and the formation of ulcers, belongs to later years.

THE USE OF ICHTHYOL SUPPOSITORIES IN THE TREATMENT OF PROSTATITIS.

FREUDENBERG reports (*Centralblatt für klinische Medizin*, 1893, No. 26) his experience with the use of ichthyol in from thirty to forty cases of prostatitis. The cases were almost exclusively of the chronic variety or in the late stage of the acute form. The preparation used was the sulphate of ammonium ichthyöl, made into suppositories with cacao-butter. Some of the cases were gonorrhœal or post-gonorrhœal, and others were non-gonorrhœal.

In the acute stage, especially in gonorrhœal prostatitis, the author had no occasion to use ichthyol, inasmuch as he was quite satisfied with the result of the usual treatment for these cases.

Marked improvement was observed in the cases in a remarkably short time, and in nearly all cases complete cure of the existing symptoms followed. He uses the following formula: R. Ammon. sulpho-ichthyol., 0.3-0.6-0.75 grammes (5-10-12 grains); ol. theobrom., 2-2.5 grammes (30-45 grains). One

of these to be used in the morning after evacuation of the bowel and another in the evening, at bedtime, and a third only if there has been an evacuation during the day. In some cases he combined iodoform with the ichthyol and cacao-butter. The author concludes by the statement that in the treatment of prostatitis, at least in its chronic form, ichthyol is a valuable acquisition to the therapy of this disease.

The experiences of Scharff, Ehrmann, and Ullmann in the acute and gonorrhoeal forms of prostatitis are quoted. These observers all report very satisfactory results.

Freudenberg advises against the employment of ichthyol in hollow suppositories, as when the former comes in contact with the rectal mucous membrane it might give rise to irritation.

FUNCTIONAL TROUBLE FOLLOWING OLD FRACTURES OF THE PATELLA.

AFTER a careful study of this subject, CH *Rev. de Chir.*, March 10, 1894) comes to the following conclusions:

I. The functional troubles consequent upon old fractures of the patella are either insufficient extension or flexion.

II. The difficulty in extension is due less to atrophy of the triceps muscle than it is to the momentary physiological inability of the muscle to act efficiently upon the lower fragment of the patella.

III. The difficulty in flexion is dependent on the fibro-articular thickenings, which are themselves due to the retraction of the patella tendon and to the method of union between the fragments.

IV. Of the five modes of union, as generally divided, two types alone are capable of interfering with flexion; they are the short, but stiff, osseous or fibrous union and the fibrous union with two to five centimetres' separation of the fragments.

V. The prognosis in incomplete extension may be doubtful for several years, but restoration of function is generally the rule. Intra-osseous suture of the fragments is indicated in cases where the spontaneous re-establishment of function is not realized after a reasonable length of time.

VI. In regard to partial ankylosis resulting almost always from short, rigid union between the fragments, either osseous or fibrous, but increasing the length of the patella two or three centimetres. He considers the removal of one of the two fragments the only possible means of overcoming the functional difficulty, unless these types are transformed, as often happens, into types more favorable to flexion.

VII. The articular inflammatory thickenings, which often disappear, should be held under observation for from twelve to fourteen months, and are eminently fitted for the hydro-thermal treatment as used in the hospital of Bourbonne.

THE RELATION OF BEHRING'S THERAPEUTIC SERUM TO IMMUNIZATION FROM POISON.

BUCHNER (*Berl. Klin. Wochenschr.*, 1894, No. 4) claims that his experiments enable him to deny the theories of Behring and to confute them experimentally. He objects to the method of their experimentation, and says that it